

ACOG Guide to Language and Abortion

The language we use when discussing reproductive health has a profound impact on what people hear and learn. Much of the language that is colloquially used to describe abortion or discuss health policies that impact abortion has a basis in anti-choice rhetoric and is inherently biased and inaccurate—and at the very least, is not medically appropriate.

The American College of Obstetricians and Gynecologists (ACOG) uses clinically accurate language when discussing abortion. We encourage people writing about reproductive health to use language that is medically appropriate, clinically accurate, and without bias.

Below is a guide to help inform language choice. This guide will be updated with additional terms as needed; to provide input or seek assistance from ACOG staff about your own language use, please email communications@acog.org.

This guide presents language that should be avoided, followed by preferable language.

"Late-term abortion"

This phrase has no clinical or medical significance. "Term" historically referred to the 3 weeks before and 2 weeks after a pregnancy's due date. To be even more clinically accurate, ACOG now refers to early term (37 weeks through 38 weeks and 6 days of gestation), full term (39 weeks through 40 weeks and 6 days of gestation), late term (41 weeks through 41 weeks and 6 days of gestation), and postterm (42 weeks of gestation and beyond)—and abortion does not happen in this period.

Use instead: "abortion later in pregnancy" or reference weeks of gestation (for example "abortion at 14 weeks of gestation")

"Chemical abortion"

This is a biased term designed to make medication abortion sound scarier than the safe, effective medical intervention it is.

Use instead: "medication abortion"

"Surgical abortion"

The abortion procedure is not a surgery. Referring to it as a procedure is clinically accurate.

Use instead: "abortion procedure"

"Heartbeat bill"

It is clinically inaccurate to use the word "heartbeat" to describe the sound that can be heard on ultrasound in very early pregnancy. In fact, there are no chambers of the heart developed at the early stage in pregnancy that this word is used to describe, so there is no recognizable "heartbeat." What pregnant people may hear is the ultrasound machine translating electronic impulses that signify fetal cardiac activity into the sound that we recognize as a heartbeat.

Use instead: "gestational age bans," or identify by gestational age (such as "15-week ban" or "6-week ban")

"Fetal heartbeat"

Until the chambers of the heart have been developed and can be detected via ultrasound (roughly 17-20 weeks of gestation), it is not accurate to characterize the embryo's or fetus's cardiac development as a heartbeat.

Use instead: "Embryonic cardiac activity" before eight weeks of gestation and "fetal cardiac activity" after eight weeks of gestation

"Dismemberment ban"

A recommended approach for an abortion procedure after 12 weeks of gestation is dilation & evacuation, in which the clinician dilates the cervix and then removes the fetus using a combination of vacuum aspiration and forceps, which can lead to disarticulation. Referring to this medical procedure as "dismemberment" is intentional use of inflammatory, emotional language and centers the procedure on the fetus, rather than on the pregnant person who is the clinician's patient.

Use instead: "dilation & evacuation ban"

"Abortion provider"

Clinicians who provide abortion care are highly trained medical experts who provide patients with a wide range of medical care, of which abortion is a part. Using this phrase perpetuates the myth that they are not medical experts and that abortion care is the extent of their expertise.

Use instead: "physician(s) who provide abortion" if you are referring specifically to doctors, "clinician(s) who provide abortion" if you are knowingly or potentially referring to advance practice clinicians trained in abortion care as well

"Baby" or "unborn child"

Centering the language on a future state of a pregnancy is medically inaccurate. As long as the pregnancy continues, the language should reflect the current state.

Use instead: Through 8 weeks after last menstrual period, "embryo." After that point until delivery, "fetus."

"Self-induced abortion"

With the landscape of medication abortion access changing, more pregnant people are safely managing their abortions using internet-acquired medication abortion.

Use instead: "self-managed abortion"

"Elective abortion"

The unnecessary descriptor of "elective" can be used to differentiate between reasons for abortion care and diminish the value of the abortion care that many patients need. The motivation behind the decision to get an abortion should not be judged as "elective" or "not elective" by an external party.

Use instead: "abortion" or, if necessary, "induced abortion"

"Partial-birth abortion"

This graphic, inflammatory language is not a medical term and exists to distort the clinical reality. It is vaguely defined in law, but is generally interpreted as referring to one method of abortion which occurs later in pregnancy.

Use instead: "intact dilation & evacuation"

"Womb"

This is a non-medical term that can be used to apply an emotional value to a human organ.

Use instead: "uterus"

"Abortion-on-demand"

Abortion is a medical intervention provided to individuals who need to end the medical condition of pregnancy. Referring to it in this way is dismissive of the medical needs of pregnant people.

Use instead: "abortion"

FACTS FOR CONSIDERATION

- Emergency contraception prevents a pregnancy from occurring after sexual activity. It is not an abortifacient; it does not end a pregnancy.
- Pregnancies are dated from last menstrual period. This is a consistent way to date pregnancy because it avoids, for example, the variability of when in their menstrual cycle people may ovulate.
- Intrauterine pregnancy begins when a fertilized egg implants itself in the uterus.

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